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Paid March 18th
1824

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Dean

Dissertation

upon

Dysentery.

This is a disease of very frequent occurrence, and sometimes, exceedingly difficult in its management. An attack of it generally comes on with a chill, succeeded by flushes of heat and frequency of pulse; and is very often preceded by loss of appetite, costiveness, flatulency, sickness at the stomach &c. which are speedily followed by severe gripings and a constant propensity to go to stool without the ability of voiding any thing except a little frothy mucus. But in many cases it happens,

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that these local affections are perceived first. As the disease continues to progress, the inflammation becomes more extensive; the evacuations are more frequent, and generally preceded by violent gripping or tormina, which occasions immense pain and great distress to the sufferer. It very often happens, that the violent straining brought on by the unavailing attempts at stool to discharge the irritating matter, causes a portion of the intestine to protrude beyond the verge of the anus, which in the progress of the disease, proves very troublesome by an increase of the tormina and tenesmus.

The evacuations vary both in colour and consistence, being sometimes composed of frothy mucus only, though more frequently, they are streaked with blood; at other times a discharge of pure blood takes place from the anus; very often there are intermingled with the matter some fibres of a membranous appearance, and also some

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small conglobated lumps of a sebaceous matter.
Though the stools are very frequent and consist of
these various morbid discharges, it is rarely that
we perceive, voided with them, any portion of
natural feces, and when we do, they appear in
lumps, compressed substances, assuming the shape of
small balls and are known by the name scybala;
and by the voiding of which, the patient will
be sure to procure a temporary relief, especially
of the frequent stools, tormina and tenesmus.

Sometimes, with the symptoms above mentioned, we
commonly meet with more or less fever, attended
with increased heat, thirst and restlessness.

When the pyrexia attending it is of a violent infla-
mmatory kind, and not timely arrested by the
proper remedies, it progresses with great rapidity
and the attack puts on a most horrid appearance.
The symptoms which were at first mild begin now
to increase with great violence. The fever becomes

of a more highly inflammatory action, accompanied with a greater irritation of the intestinal tube, augmented heat, unquenchable thirst and great ingurgitation. These continuing, produce great prostration of strength, increased pain and tension of the abdomen, cold clammy sweats, cold extremities, Tace, a small and feeble pulse, with fatal and involuntary discharges of acid humours resembling the washings of meat. These symptoms are generally considered as the precursors of death, and when they do occur, the disease generally terminates mortally. But recoveries have been made, when the greater, or I may say, the whole of them have been exhibited, therefore they ought not to be deemed universally so. When there is a remission of fever, a pulsat and universal moisture, a diminution of the griping and tenesmus, evacuations less frequent and more natural, we have strong reasons to suspect that the disease will terminate favourably.

Much has been said, and different are the opinions of many authors with respect to the causes of dysentery. The disease was, at one time, believed to originate exclusively from a species of contagion, generated in the system of one individual, and by him imparted to another, but it appears that this is not the general origin of the disease, for there is no plausible evidence given to establish the supposition that a contagion does arise from the alvine evacuations, or from any of the secretions or excretions of one person, and propagated or imparted to another, so as to produce a dysentery. It appears that dysentery manifestly arises from, or may most generally be traced to other causes, among which, are the ordinary sources of an autumnal fever, and is very often combined with the intermittent and remittent forms of fevers. The disease, however, appears to be more prevalent in warm than in cold climates, and

especially in the months of August, Sept., and
October, when there are great vicissitudes in the
weather, as much moisture or cold succeeding quickly
where heat is a great degree, whereby there is a
sudden attack made upon the chest, press-
ing to check perspiration and produce a febrile action
united to the diarrhoeal action. Sometimes it
occurs, as in dysentery, and attends with great
and destructive rapidity, owing to some peculiar
alteration of the atmosphere. Vomiting then it
tends to be excited by some acid, undige-
sted and putrid matter thrown into the stomach.

This disease appears to attack those who live in
shaded places, where they are exposed to the free
rays of the cold atmosphere, which has the
strongest tendency to solicit the disease.

Dysentery may be generally considered as a disease
in which its origin or primary seat is in the sto-
mach, and this may always be considered so



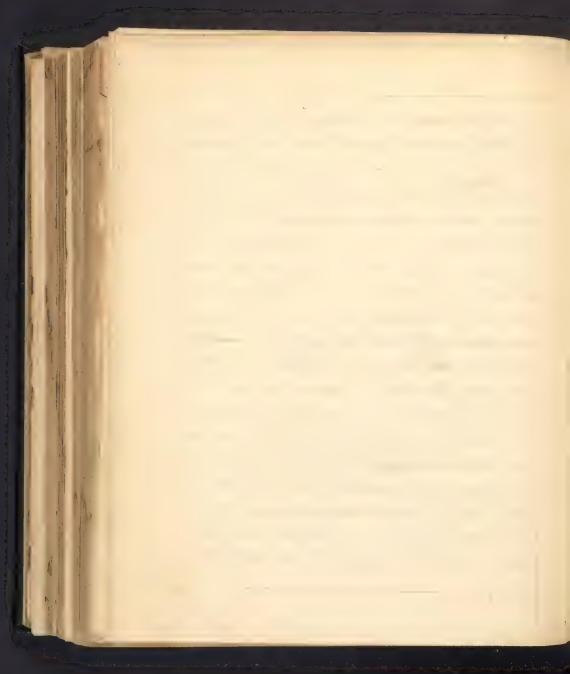
where it is caused by marsh effluvia, as is in-
ferred to us by the sometimes taking place
of nausea and vomiting, which indicates the
morbid state of the stomach, and loss of rest
induced, either by the efforts of nature or art,
the morbid action is soon extended and
thence upon the bowels which becomes its com-
mon seat, and finally it displays its destructive
power. It appears, and is revealed to us on dis-
section, but the disease acts with greater force on
the entire coats of the lower intestines, unde-
r we find the most marks of progressing
inflammation, tenderness, ulcers and all the
appearances of diseased morbid actions.

Even to this extensive inflammatory condition
of the bowels, there is a peculiar intimate spec-
ific affection of the colon, impeding its pro-
prie motion, thereby causing the frequent con-
stipating attempts made at stool.



According to this view of the pathology of dysentery, we must treat the disease according to the different modifications which it occasionally assumes. In a case of dysentery, when the inflammatory symptoms are high, with a small, hard and full pulse, great pain and tension of the abdomen, I should make no hesitation in ordering all other remedies by venesection, and should repeat ^{it} as far as the circumstances of the case require. By this early resort to the use of the lancet we impede the rapid progress of the inflammation, relax that degree of spasmodic action of the bowels which is productive of such acute and excruciating pain in attempts to evacuate their contents; and also we weaken the system to that susceptibility by which it is prepared to be acted on by other remedies. After having thus prepared the system, we should, if there is much morbid distress, administer an emetic either with

is followed by some mild cathartic. By this done,
we discharge from the stomach and morbid conten-
ts, contents as would cause or increase the contin-
uance ^{or augment} of the disease; like in the operation of the
emetic, which in reaching the spasmodic contraction
of the intestines, is as to give a free passage to the
evacuation - then ascends, and away, to the sudor-
ifics, & determines to the surface, and thus
converts a hot and dry skin, into one that is moist
and relaxed. As a cathartic, nothing is ~~more~~
essentially ~~best~~ ^{best} castor oil, or Glauber, or Epsom
salts, and these should be given in large and
frequent, repeated doses, especially, the castor
oil, which is, rapidly through the bowels with-
out change, ^{the white given in small doses} ~~the white~~ ^{the white} ~~given in small doses~~ ^{the white} ~~given in small doses~~
of excrementitious matter. In more violent
forms when the bowels cannot be acted on by
the saline purgatives, we should resort to
some of the more active of these, I think



none are ~~more~~ ^{to} preferable ~~than~~ calomel, it
appears to be infinitely better adapted to the
most cases, than any other of the strong purga-
tives. Dr. James Sherrin stands strongly in favour
of large and frequently repeated doses of calomel
in this disease as it occurs in tropical climates.
He gave scruple doses three or four times a day, and
affirms it is promptly followed by great alleviation
of all the distressing symptoms which attend this
complaint. Large and repeated doses of calomel
and opium combined, contribute greatly in procuring
a passage when other measures have proved
insufficient. They act on a twofold purpose, where
the opium relieves pain and relaxes the contraction
of the bowels, the calomel increases the peristal-
tic motion and procures a discharge of the
fecal contents. As auxiliaries to the operation
these medicines, in fact, become frequently
and indispensably requisite, and the most

powerful and efficacious in obstinate cases, is a
solution of lanacet antimony with the addition
of a little sweet oil. That if this be well adminis-
tered, and in sufficient quantity, sends fluids to
produce the desired effect. Hence the antimony by
its nauseating and relaxing power descending to the
intestines, restores the healthy action of the skin, and
removes the stercoraria of the intestines which
causes a retention of the fluids. This may be effec-
tually promoted, by the administration of small
and repeated doses of tartar, so as to produce and
keep up a continuous nausea. After having abate
the febrile action by venesection, and procured
a free discharge of the contents of the bowels, the
most important object, is to procure an alteration
of pain and a complete restoration of the health-
ful action of the skin. No medicine appears to be
more properly suited or adapted to than the
same effect in this stage, than a combination

of opium, colocynthis, and especially, when there
is symptoms of an hectic affection, small doses
of arsenic. In the operation of these medicines,
the external circulation is compressed, the surface
of the body is relaxed, and the humors are first
drawn out. Sarcocolla has been given in different
cases and at different stages of the disease, but
it appears to be more particularly adapted to
those cases of the disease attended with great inter-
nal inflammation accompanying a colic and fre-
quent evacuations of blood from the medium.
Clark, who wrote on the nature and cure of dysen-
tery in the East and West Indies, recommends it
in use very in the shape of an injection; which
is prepared by taking ʒij of the root, putting
it into a quart of water, and boil it until reduc-
ed to a pint, which is to be administered three
times, or twice if necessary. By this way the action
is to be thrown in, condensed the bowels and



entirely relieve, termina and leucorrhoea. ~~It is~~ This
mode of treatment I have never seen experimen-
ted, and it is thought by some that the medi-
cine is rendered entirely inert by decoction.
Great advantage may be derived from the ex-
ternal application of warmth to the surface,
by relaxing the tone of the skin and producing
"respiration." Not a little has been said by
the advocates of the utility of the application
of liniments, stimulating lotions, or hot liqueurs,
to the abdomen. When there is much pain and
distension of the abdomen, the warm bath, listless
as it may be considered, is highly serviceable, acting
on the principle of relaxation. Lately the
Eucalypti oil has been thought to supersede the
warm bath and fomentations. It is applied by
having it of a sufficient height to extend round
the body from the hips to the axillae. The reme-
dy I think is highly beneficial in the chronic

type of dysentery, by giving the necessary support
to the debilitated intestines and promoting a gentle
evacuation. The tannin and tannins which
are sometimes met with in every stage of the
disease, prove very troublesome and distressing to
the patient. Warm remedies have been presented
for their relief, and it appears that opium en-
ters very largely into their combinations.

Tannin is very often, increased by fruit, esessen-
tials in the bowels and may generally be relieved
by the oleaginous or estaceous mixture. But when
these mixtures do not ~~produce~~ ^{produce} the desired effect,
small doses of opium and ipecacuanha, a small
dose of the former and 1/2 of the latter frequently
repaid are of great utility. Aodyne injections,
such as rectified lin, turp, water, a solution of
gum arabic in water, combined with a few drops
of tannin. Altho' but few have been tried
and recorded to the amount of adding turp

or these pills used as an injection ends considerably to allay irritation and tenesmus. Pills of pium introduced into the anus have been much recommended in tormina and tenesmus.

14. Strong solution of muriate of soda in wine with the addition of a little muddled, green mint in some cases. I had an opportunity of making a trial with it, and had reason to think that it proved very beneficial. The pain and tenesmus appeared to be relieved by it, and also the bowels were put in a sensible state. When dysentery degenerates into a chronic state, though the acute symptoms have been diminished, yet there still remains a great tenderness of the bowels, which is increased upon the slightest evacuations, which in this stage of the disease generally consist of a small quantity of offensive mucus. The surface of the body is dry and parched,

White is depressed, and the little food which
is taken in, is generally ill digested, and there is
great prostration of strength. Here we should
endeavour to restore the healthy action of the
liver, and endeavour to give tone to the bowels
by the aperients and cathartics. To accom-
plish the former, small doses of *Meconium* and
opium, in the form of Dover's powder, are better
employed to induce and keep up a gentle
relaxation than any other combination with
which it can be regulated. At this stage, the
natural roller comes in with great propriety,
by agitating the intestines and producing a
rapid transpiration. What we should endeavour
to give tone to the bowels. Doct. Mosely
of Geneva, states, that in chronic dysentery
unattended with fever, there is not a more
serviceable medicine than the vitriolic solution
in ² of a table spoonful every morning

with an opiate at bed time. This solution he
makes by taking white vitriol ℥ij, alum ℥ij, sph.
lavend ℥ss, boiling water ℔j, in which solution
according to circumstances either the vitriol or alum
may be increased or diminished. The ^{Root of the} ~~decentery~~
possesses a great deal of astringency and has
been often used and very much approved of
in obstinate cases. Another very valuable astring-
ent is the decoction of logwood. Columbo and
bark are very much used, and to no little
purpose. There are cases of dysentery depending
very much on a morbid condition of the liver
or some other abdominal viscus. In these
cases calomel in small doses generally proves
beneficial and sometimes the only alternative.
Vitric. acid has also been used, and answers
very well when circumstances occur to exclude
the mercury.

In cases of dysentery great attention must

he paid to regimen and to the change of
the climate. In the violence of the disease,
the diet should consist only of arrowroot,
sago, panada, or gruel, and the drinks of a cooling
and soothing nature, as barley or rice water,
Glauber's or mucilage of gum arabic. But
when the violence of the disease is over, and the
patient begins to recover, the diet should be
more nourishing.

George C. Lewis

Amelia County,

Virginia

17th Nov 1871

I have to inform you that I have
received the letter of the 11th inst.
and in reply to inform you that I have
been unable to find any of the
articles mentioned in your letter.
I have, however, been able to find
some of the articles of the same
nature and I have been able to
send you a copy of the same.

Yours faithfully

Wm. L. Davis